

PART B - FEE(S) TRANSMITTAL

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28765 7590 10/30/2008

WINSTON & STRAWN LLP
PATENT DEPARTMENT
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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/766,207	01/29/2004	Walter Schwarzenbach	4717-11600	3337

TITLE OF INVENTION: METHOD OF DETACHING A LAYER FROM A WAFER USING A LOCALIZED STARTING AREA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
DUONG, KHANH B	2822	438-458000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Winston & Strawn LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. _____
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	3. _____	_____

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(A) NAME OF ASSIGNEE
S.O.I.Tec Silicon on Insulator Technologies (B) RESIDENCE: (CITY AND STATE OR COUNTRY)
Bernin, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature Allan A. Fanucci Date November 12, 2008
 Typed or printed name Allan A. Fanucci Registration No. 30,256

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